




TREATMENT PROTOCOL: GENERAL ALS *

1. Basic airway
2. Spinal immobilization prn
3. Control major bleeding prn
4. Oxygen/pulse oximetry prn
5. Advanced airway prn
6. Cardiac monitor prn: document rhythm, attach ECG strip if dysrhythmia identified and refer to appropriate treatment protocol
7. Venous access prn
8. Perform blood glucose test prn, if blood glucose less than 60mg/dl:
Consider oral glucose preparation if patient awake and alert
9. If indicated, **Dextrose**
50% 50ml slow IV push
 **Pediatric:** See Color Code Drug Doses/L.A. County Kids
2yrs of age and younger: Dextrose 25% 2ml/kg slow IV push
2yrs of age and older: Dextrose 50% 1ml/kg slow IV push up to 50ml
10. **CONTINUE SFTP or BASE CONTACT**
11. If blood glucose remains less than 60mg/dl:
Dextrose
50% 50ml slow IV push
 **2yrs of age and younger:** Dextrose 25% 2ml/kg slow IV push one time
2yrs of age and older: Dextrose 50% 1ml/kg slow IV push up to 50ml one time
12. Reassess for deterioration and refer to the appropriate treatment protocol, if applicable
13. If fluid challenge is indicated, obtain base hospital order
14. If nausea and/or vomiting:
Ondansetron
4mg IV or IM or ODT (Orally Disintegrating Tablet)
 **Pediatric:**
4yrs of age and older: 4mg IV or IM or ODT (Orally Disintegrating Tablet)
Do not administer to children less than 4yrs of age
Maximum dose 4mg all routes

This protocol includes, but is not limited to, vague complaints such as:

- **General weakness/dizziness**
- **Nausea and vomiting**
- **Palpitations without dysrhythmia**
- **Vaginal bleeding (less than 20wks gestation, no pain, normal vital signs)**
- **Malaise**
- **Near syncope**